

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 58/757

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		①		①		①
4		/		/		/
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8		/		/		/
9	/		/		/	
10	/		/		/	
11		②		②		3
12		②		②		2
13		②		②		2
14		②		②		2
15	/		/		/	
16		/		/		/
17		/		/		/
18		②		②		2
19		②		②		2
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25		/		/		/
26		/		/		/
27		/		/		/
28		②		②		4
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TOTAL IND.		↓	6	↓	5	↓
TOTAL DEP.	←		24	←	35	←
TOTAL CLAIMS			30		40	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						